


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000063035 1. Entity Name PURE VINYL FENCE SYSTEMS INC.	
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Principal Place of Business 4314 ST. AUGUSTINE RD SUITE 5 JACKSONVILLE, FL 32207	Mailing Address 4314 ST. AUGUSTINE RD SUITE 5 JACKSONVILLE, FL 32207
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05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3725734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DRYDEN, SHERRY 481 ADDOR LANE JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRYDEN, SHERRY 481 ADDOR LN JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DRYDEN, MICHAEL SR 481 ADDOR LN JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DRYDEN, AMANDA 3082 PARENTAL HOME RD JAX, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000560177 05/18/06-80027-024 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherry Dryden Sherry Dryden May 2, 06 904859-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #